

## MODIFIERS IN APGs

APGs will recognize six billing modifiers:

- **25** - Distinct service,  
Separately identifiable E&M service on the same day as a significant procedure (subject to DOH policy requirements)
- **27** - Additional medical visit,  
Separate medical visit with another practitioner on the same date of service (subject to DOH policy requirements)
- **52** - Terminated procedure,  
Discontinued outpatient hospital/ambulatory surgery procedure that does not require anesthesia
- **73** - Terminated procedure,  
Discontinued outpatient hospital/ambulatory surgery procedure, after some preparation, but prior to the administration of anesthesia
- **59** - Separate procedure,  
Distinct and separate multiple procedures (with same APG)
- **50** - Bilateral procedure

